

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018675

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

135-3

STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay, in 1b 14 DAYS	c. CITY OR TOWN EAST ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION HOSPITAL.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1339 NORTH 43RD STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CARL R. TYLER		4. DATE OF DEATH Month APRIL Day 22 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK	11. BIRTHPLACE (City and state or country) STONINGTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME OSCAR TYLER	
13b. MOTHER'S MAIDEN NAME VERA BYRNE		14. NAME OF HUSBAND OR WIFE MAE TYLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW-2		16. SOCIAL SECURITY NO. XXXXXX	
17. INFORMANT MRS. MAE TYLER, 1339 N. 43rd St., East St.		Address Louis, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS, LOWER LOBES, MASSIVE DUE TO (b) UREMIA AND PULMONARY EDEMA DUE TO (c) KIDNEY AND RECENT THROMBOSIS OF LEFT RENAL ARTERY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CONGENITAL ABSENCE OF RIGHT KIDNEY AND RECENT THROMBOSIS OF LEFT RENAL ARTERY. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:45 Month, Day, Year AM 4-8-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION JEFF. BRKS. MO.	
21. I attended the deceased from 4-8-63 to 4-22-63 and last saw him XXXXXX Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul G. Stromsdorfer	
22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.		22c. DATE SIGNED 4-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-25-63	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
24. FUNERAL DIRECTOR Robins Funeral Home E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. 4-23-63	26. REGISTRAR'S SIGNATURE John B. Murphy

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4386

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.